

Appellate Docket No.: _____ Appellate Case Style: _____	
FIFTH DISTRICT COURT OF APPEALS CRIMINAL APPEAL - DOCKETING STATEMENT	
PARTIES (TRAP 32.2(a)):	
Appellant:	Appellee:
Attorney (Lead Counsel): Appointed <input type="checkbox"/> Retained <input type="checkbox"/>	Attorney (Lead Counsel):
Address (Lead Counsel):	Address (Lead Counsel):
Telephone:	Telephone:
Fax:	Fax:
Email:	Email:
SBN (Lead Counsel):	SBN (Lead Counsel):
If not represented by counsel, provide appellant's/appellee's address, telephone number, fax number and email address:	
PERFECTION OF APPEAL (TRAP 32.2(b),(d),(f)-(k)):	
Date Sentence Imposed or Suspended in Open Court or Appealable Order Signed:	Date Notice of Appeal Filed: If Mailed, Date Mailed: Attach File-Stamped Copy of Notice
ACTIONS EXTENDING TIME TO PERFECT APPEAL (TRAP 32.2(e)):	
Mt. for new Trial: Yes <input type="checkbox"/> No <input type="checkbox"/> Mt. in Arrest of Judgment: Yes <input type="checkbox"/> No <input type="checkbox"/> Other (Specify):	Date Filed: Date Filed: Date Filed:

TRIAL AND APPEAL (TRAP 32.2(f)-(k)):	
Offense Charged: Date of Offense: Defendant's Plea: If guilty or nolo contendere, was plea result of negotiated plea bargain agreement? Was the trial jury or nonjury? Guilt/Innocence Phase: Punishment Phase: Punishment Assessed:	Is the appeal from a pretrial order? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the appeal involve the validity of a statute, rule, or ordinance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, specify.
TRIAL COURT AND RECORD (TRAP 32.2(c),(l),(m)):	
Court:	T.Ct. Cause No.
Trial Judge (Who Tried or Disposed of Case): Telephone: Fax: Address:	Court Clerk (District or County Clerk): Telephone: Fax: Address:
Clerk's Record	Fee Paid: Yes <input type="checkbox"/> No <input type="checkbox"/> Arrangements Made to Pay Fee: Yes <input type="checkbox"/> No <input type="checkbox"/>
Court Reporter(s) or Court Recorder(s): Telephone Number(s): Fax Number(s): Address(es):	
Reporter's/Recorder's Record (Check if Electronic Recording <input type="checkbox"/>) Number and Date(s) of Hearings(s):	Date Requested: Fee Paid: Yes: <input type="checkbox"/> No: <input type="checkbox"/> Arrangements Made to Pay Fee: Yes: <input type="checkbox"/> No: <input type="checkbox"/>

INDIGENCY OF PARTY (TRAP 32.1(k)):		
Event	Filed Check as Appropriate	Date
Motion and Affidavit Filed	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Date of Hearing:		
Ruling on Motion: Granted: <input type="checkbox"/> Denied: <input type="checkbox"/>		
OTHER INFORMATION (TRAP 32.2(m)):		
List any other pending related appeals before this or any other Texas appellate court by Court, Docket Number, and Style:		

NOTE: If inadequate space has been provided for the information requested, please provide the additional information on an attachment.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

Lead Counsel/Pro Se Party

Date

Representing: _____

Rev. 02/28/2002

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Docketing Statement was served this _____ day of _____, 20____ on all parties/attorneys of record listed below (provide name and address of each person served and if person served is party's attorney, list name of party attorney represents) by: (circle one) personal service, mail, commercial delivery service, fax. *See* TRAP 9.5(b).

Lead Counsel/Pro Se Party